

Health Department, City of Baltimore.

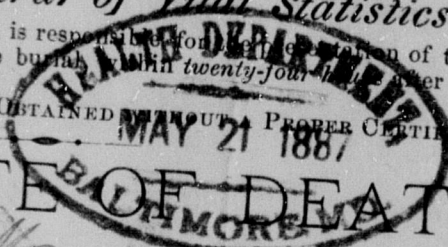
Permit No. 99922 Office of Registrar of Vital Statistics.

Ward 13<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the accuracy of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, 20<sup>th</sup> May 1887.

Full Name of Deceased, Jennette Gilbert

Sex, Male or Female, Female

Age, 65 Years, Months, Days

Color, Colored

Married, Single, Widow or Widower, Widow

Occupation,

Birth Place, Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, 843 Raborg St.

Cause of Death, First (Primary), Failure of all vital power  
Second (Immediate), Old Age.

Duration of Last Sickness, Six days

Place of Burial, Sharp St. Cemetery

Date of Burial, May 22<sup>nd</sup> 1887

Undertaker, Saml W. Chase

Place of Business, 641 S. Howard St. Address, Fayette & Fremont Sts.

A. M. Littell, M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



No. 77923

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99923 Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Nancy Brown

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 44 Years, + Months, + Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, Washerwoman & Servant

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Dorchester Co Md.

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, { Give Street and Number. } 245 S Durham St.

Cause of Death, { First (Primary), Gastritis (E. phantasia) from (Morism) hemorrhage. Second (Immediate), Asthenia

Duration of Last Sickness, 8 weeks.

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial May 22<sup>nd</sup> 1887

Under taker, John E. Grace

Place of Business, 213 S. Caroline St. Address, 233 S. Ann St.

A. T. Goswelder M. D. Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

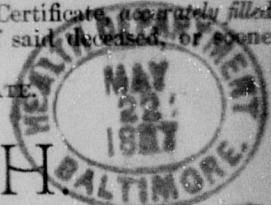
# Health Department, City of Baltimore.

Permit No. 99924 Office of Registrar of Vital Statistics.

Ward 6<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH

Date of Death,

May 21<sup>st</sup> 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Michael Schaefer

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

Years,

2 Months,

Days.

Color,

white

~~Married~~, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

since born

Place of Death,

{ Give Street and Number. }

218 N. Burk St

Cause of Death,

{ First (Primary),

Marasmus

Second (Immediate),

Duration of Last Sickness,

since born

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus

Date of Burial,

May 22<sup>nd</sup>

{ Undertaker,

W. Dippel

J. B. Dause

M. D.

Medical Attendant.

{ Place of Business,

380 N. Burk St

Address, 1727 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99925 Office of Registrar of Vital Statistics.

Ward 9<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death, May 21 1897

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Jackson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 19 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Domestic

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Pa

Duration of Residence in the City of Baltimore, 5 months

Place of Death, { Give Street and Number. } 115 W Lombard St.

Cause of Death, { First (Primary), Second (Immediate), } Overperforated Peritonitis  
Heart Failure

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincent

Date of Burial, May 22<sup>nd</sup>

{ Undertaker, J J Corran } William Bender M. D.  
Medical Attendant.

{ Place of Business, 921 Holmes St } Address, 410 Lander

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



No. 79926

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

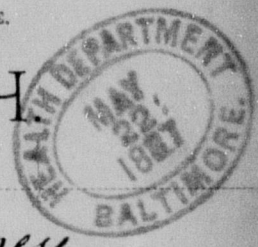
# Health Department, City of Baltimore.

Permit No. 79926 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH



Date of Death, May 21<sup>st</sup> 1887

Full Name of Deceased, Jeremiah Dorsey { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male ~~Female~~ { Cross out the word not required in this line. }

Age, 2 Years, 2 Months,        Days.

Color, Black

~~Married~~, Single, ~~Widow~~ ~~or~~ ~~Widower~~ { Cross out the words not required in this line. }

Occupation, none

Birth Place, Baltimore City { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 814 Pierce St { Give Street and Number. }

Cause of Death, Phthisis { First (Primary), Second (Immediate), }

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Layel Cemetery

Date of Burial, May 22<sup>nd</sup> 1887

Undertaker, Chas. Hemmley

Place of Business, 561 Orchard St

James A. Hunt  
Chas. Hemmley  
Chas. Hemmley  
Chas. Hemmley

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John H. De Goy  
Inspector

[OVER.]



No. 99927

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99927 Office of Registrar of Vital Statistics.

Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 20th

Full Name of Deceased, Rebecca Appenheimer

Sex, Male or Female, Female

Age, 45 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation,

Birth Place, Germany

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, 1036 Lombard St

Cause of Death, Malarial Fever

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Floyd St Congregation near Belair Road

Date of Burial, May 22nd 1887

Undertaker, J. D. Sondheim L. B. Comings M. D.

Place of Business, 120 N. Greenest Address, 1925 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99928 Office of Registrar of Vital Statistics. Ward 12<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death, May 21<sup>st</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Esther Virginia Kople

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 49 Years, 3 Months, 8 Days

Color, white

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Widow

Occupation, Housewife

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto County

Duration of Residence in the City of Baltimore, 8 years

Place of Death, { Give Street and Number. } 1307 Sevier Ave, City

Cause of Death, { First (Primary), } Typhoid Fever  
{ Second (Immediate), }

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician

Place of Burial, Loudon Park Cemetery

Date of Burial, May 23<sup>rd</sup> 1887

{ Undertaker, Henry H. Mears } 13. S. Rosebery M. D. Medical Attendant.

{ Place of Business, #413 E. Fayette St } Address, 1207 Polk St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. *99929* Office of Registrar of Vital Statistics.

Ward *1*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *May 21<sup>st</sup>, 1884*

Full Name of Deceased, *William Henry*  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *21* Years, *6* Months, *—* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *—*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *8 years*

Place of Death, { Give Street and Number. } *2832 Emden St*

Cause of Death, { First (Primary), Second (Immediate), } *Typhoid Fever*

Duration of Last Sickness, *10 days*

All the above information should be furnished by the Physician.

Place of Burial, *Trinity Cemetery*

Date of Burial, *May 23<sup>rd</sup>, 1884* *E. J. Williams* M. D.

{ Undertaker, *John C. Schuch*

{ Place of Business, *1735 Michigan* Address, *2826 Emden St*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Board of Health, City of Baltimore.

Permit No. 99930

Office of Registrar of Vital Statistics. Ward 15<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20<sup>th</sup> 1887

Full Name of Deceased, Samuel S. R. Johnson

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, Male

Cross out the word not required in this line.

Age, 14

Years, 2

Months, 2

Days, 2

Color, Colored

Married, Single, Widow or Widower, Single

Cross out the word not required in this line.

Occupation, ✓

Birthplace, 430 Hanover

State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, Life

Place of Death, 430 Hanover

Give street and Number.

Cause of Death, First (Primary), Pneumonia Catarrh

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, May 23 1887

Undertaker, S. McChase

Medical Attendant, J. H. Johnson M. D.

Place of Business, 641 Howard

Address, 576 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 77931  
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99931 Office of Registrar of Vital Statistics. Ward 15<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 20<sup>th</sup> May 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Shields.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 12 Yrs

Place of Death, {Give Street and Number.} 909 Plum alley

Cause of Death, {First (Primary), Chronic Hepatitis  
Second (Immediate), Angina Pectoris Rheumatism

Duration of Last Sickness, 2. months

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, May 23 1887

{Undertaker, W. Chase

{Place of Business, 641 Howard Address, 224 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]